



## IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Application of: Mark A. Reilly

Examiner: David Isabella

Serial No: Unknown

Group Art Unit: 3738

Filed: July 9, 2003 with Express Mail Label No. EV 317558216US

For: Facet Arthroplasty Devices and Methods

## PRELIMINARY AMENDMENT

Hon. Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This Preliminary Amendment is being submitted prior to prosecution on the merits.

08/28/2003 ABLANCO 00000016 10615727

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		U.S. Pate	Approved for ent and Trademark Office	use throug	PTO/SB/21 (03-03 gh 04/30/2003. OMB 0651-003 DEPARTMENT OF COMMERCE
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		Application Number	Unknown	10/	615 757
TRANSMITTAL		Filing Date	July 9, 2003		
FORM		First Named Inventor	Mark A. Reiley		
(to be used for all correspondence after initia	l filing)	Art Unit	3738	···	
		Examiner Name	David Isabella		
Total Number of Pages in This Submission	10	Attorney Docket Number	9448.17205-CIP I	ΣIV	
	ENC	LOSURES (Check all th	at apply)		
Fee Transmittal Form Fee Attached  Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53		Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application  Power of Attorney, Revocation  Change of Correspondence Add  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)	ress to	a Techno peal Cor Appeals peal Cor opeal Not oprietary atus Lette her Encle entify bel	osure(s) (please
SIGNA	ATURE (	OF APPLICANT, ATTOR	NEY, OR AGEN	Γ	
Firm James R. Shay or Individual	<u></u>				
Signature	120	4			
Date July 16, 2003		U			
	ERTIFI	CATE OF TRANSMISSIO	N/MAILING		
I hereby certify that this correspondence is being first class mail in an envelope addressed to: Com	facsimile tra missioner fo	insmitted to the USPTO or deposited or Patents, Weshington, PC 2021, or	with the United States this date: July 1	Postal Se 6, 2003	rvice with sufficient postage as
Typed or printed James R. Shay		Alexandria, VA			
Signature Q				Date	July 16, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

PTO/SB/17 (05-03)

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Effec	tive 01/01/	2003. Pate	nt fees are	subject to a	nnual revisior	).

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** 

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Complete if Known					
Application Number	10/615, 127				
Filing Date	JULY 9, 2003				
First Named Inventor	MARK A. REILEY				
Examiner Name	DAVID ISABELLA				
Art Unit	3738				
Attorney Docket No.	9448.17205 - CIP DIV				

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Check Credit card Money Other None	U		ONAL		S	
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Deposit Account:	Fee Code	Fee (\$)		Fee (\$)	Fee Description	Fee Paid
Account	1051	130	2051	• •	Surcharge - late filing fee or oath	
Number Deposit	1052	50	2052		Surcharge - late provisional filing fee or	
Account Name					cover sheet	
The Director is authorized to: (check all that apply)	1053	130	1053 1812 2		Non-English specification  For filing a request for ex parte reexamination	
Charge fee(s) indicated below Credit any overpayments	1812	2,520 920*	1804	-,		
Charge any additional fee(s) during the pendency of this application	1804	920	1004	920	Examiner action	
Charge fee(s) indicated below, except for the filing fee	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
to the above-identified deposit account.	1251	110	2251	55	Extension for reply within first month	
FEE CALCULATION	1252	410	2252	205	Extension for reply within second month	
1. BASIC FILING FEE Large Entity Small Entity	1253	930	2253	465	Extension for reply within third month	
Fee Fee Fee Fee Fee Description Fee Paid	1254	1,450	2254	725	Extension for reply within fourth month	
Code (\$) Code (\$) 1001 750 2001 375 Utility filing fee	1255	1,970	2255	985	Extension for reply within fifth month	<del></del>
	1401	320	2401	160	Notice of Appeal	
1002 330 2002 165 Design filing fee 1003 520 2003 260 Plant filing fee	1402	320	2402	160	Filing a brief in support of an appeal	
1003 520 2003 200 Plant lilling lee	1403	280	2403	140	Request for oral hearing	
1004 750 2004 375 Reissue lilling lee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
	1452	110	2452	55	Petition to revive - unavoidable	
SUBTOTAL (1) (\$)	1453	1,300	2453	650	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	l .	1,300	2501	650	Utility issue fee (or reissue)	
Extra Claims below Fee Paid	1502	470	2502	235	5 Design issue fee	
Total Claims20** = Z	1503	630	2503	315	5 Plant issue fee	
Independent 3** = 2 x 42 = 84	1460	130	1460	130	Petitions to the Commissioner	
Multiple Dependent	1807	50	180	7 50	Processing fee under 37 CFR 1.17(q)	
Large Entity   Small Entity	1806	180	1800		Submission of Information Disclosure Stmt	
Fee Fee Fee Fee Fee Description Code (\$)	8021	40	802	1 40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20 1201 84 2201 42 Independent claims in excess of 3	1809	750	280	9 375	5 Filing a submission after final rejection (37 CFR 1.129(a))	
1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	281	0 375	5 For each additional invention to be examined (37 CFR 1.129(b))	
1204 84 2204 42 ** Reissue independent claims over original patent	1801	750	2801	375	5 Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	90	<ol> <li>Request for expedited examination of a design application</li> </ol>	
	Other fee (specify)					
SUBTOTAL (2) (\$) (OZ	*Red	uced b	y Basic	Filing f	Fee Paid SUBTOTAL (3) (\$)	
or number previously paid, if greater, not helasdes, see above						

SUBMITTED BY				(Complete (	(if applicable)
Name (Print/Type)	JAMES R. SHAY	Registration No. (Attorney/Agent)	32,062	Telephone	650.654.4530
Signature	2 Svoer			Date	7/16/03

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